

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U<br><br>11311  | 2. Fiscal Year Covered From:<br><br>1 / 1 / 2004 Through: 12 / 31 / 2004  |
| 3. Name and address of person filing.<br><br>Name IVETTE GARCIA<br><br>P.O. Box, Bldg., Room No., if any #24a<br><br>Street 70 W. 93RD ST.<br><br>City NEW YORK<br><br>State New York ZIP Code + 4 10025 | 4. Name, file number, and address of labor organization.<br><br>Name NEW YORK'S HEALTH&HUMAN SERVICE UNION 1199SEIU<br><br>Labor Organization File Number 031-847<br><br>P.O. Box, Building and Room Number, if any<br><br>Street 310 W. 43RD ST.<br><br>City NEW YORK<br><br>State New York ZIP Code + 4 10036 |
| 5. Position in labor organization.<br>ORGANIZER  |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4                                      | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br><br><br><br><br><br><br>7.b. Amount.<br><br><br><br><br><br><br><br><br><br> |

Signature

|  |                              |   |
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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                              |   |
| Signed <u>Ivette Garcia</u>  | On <u>07/12/2005</u><br>Date | <u>212-261-2270</u><br>Telephone Number |

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|--|----------------|
| Name of Person Filing <u>Ivette Garcia</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any).<br><br>Name <u>1199 NATIONAL BENEFIT FUND*</u><br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street <u>330 W. 42nd STREET</u><br><br>City <u>NEW YORK</u><br><br>State <u>New York</u> ZIP Code + 4 _____ | 9. Business deals with:<br><br><input checked="" type="checkbox"/> a. Labor Organization<br><br><input type="checkbox"/> b. Trust<br><br><input type="checkbox"/> c. Employer  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.<br><br>Name _____<br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street _____<br><br>City _____<br><br>State _____ ZIP Code + 4 _____  | 11.a. Nature of such dealing.<br><br><div style="border: 1px solid black; padding: 5px; min-height: 100px;">           PROVIDING VARIOUS HEALTH AND WELFARE BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.<br/><br/>           *THE 1199 NATIONAL BENEFIT FUND IS THE PAYING AGENT FOR TRUSTEE CONFERENCES AND MEETINGS FOR SEVERAL FUNDS.         </div> |
|  | 11.b. Approximate dollar value of such dealing. _____  |
|  | 12.a. Nature of interest held or income received.<br><br><div style="border: 1px solid black; padding: 5px; min-height: 100px;">           AS A TRUSTEE OF THE 1199 HEALTH CARE EMPLOYEES PENSION FUND I ATTENDED A CONFERENCE FOR WHICH I RECEIVED TRAVEL, LODGING, MEALS AND OTHER CONFERENCE-RELATED EXPENSES.         </div>   |
|  | 12.b. Amount. <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$2,394</span>   |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).<br><br>Name _____<br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street _____<br><br>City _____<br><br>State _____ ZIP Code + 4 _____ | 14.a. Nature of payment.<br><br><div style="border: 1px solid black; height: 150px;"></div>              |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?  | 14.b. Amount of payment. <span style="float: right; border: 1px solid black; padding: 2px 20px;"></span> |